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When the state paid, people stopped smoking: study

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By [Maggie Fox](#), Health and Science Editor

WASHINGTON (Reuters) - When Massachusetts started paying for stop-smoking treatments, people not only kicked the habit but also had fewer heart attacks, researchers reported on Tuesday in the first study to show a clear payoff from investing in smoking prevention efforts.

Smoking dropped by 10 percent among clients of Medicaid, the state health insurance plan for the poor, and nearly 40 percent of Medicaid patients who smoked used benefits to get nicotine patches or drugs to help them quit, the researchers said.

The study -- which suggests states can save money from investing in efforts to cut smoking -- found the yearly rate of hospital admissions for heart attacks fell by 46 percent for Medicaid clients and 49 percent fewer of them were hospitalized for clogged arteries.

"The dramatic decline in heart attack hospitalizations for smokers who used the benefit is stunning and demonstrates the effectiveness of tobacco treatment coverage that includes behavioral counseling and medicines approved by the Food and Drug Administration," American Heart Association CEO Nancy Brown, who was not involved in the research, said in a statement.

Thomas Land and colleagues at the Massachusetts Tobacco Cessation and Prevention Program, as well as the Harvard Medical School, looked at hospital records for the study, published in the Public Library of Science journal PLoS Medicine [here](http://doi.org/10.1371/journal.pmed.1000375) %3Adoi%2F10.1371%2Fjournal.pmed.1000375.

In July 2006, the Massachusetts Medicaid program, called MassHealth, began paying for drugs and other treatments to help smokers quit, including nicotine patches, gum and drugs.

"Over 75,000 Medicaid subscribers used the benefit in the first 2.5 years," Land's team wrote.

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Smoking among Medicaid clients fell an estimated 10 percent, from more than 38 percent -- far above the national average -- to less than 29 percent.

By 2008, Land's team found, 46 percent fewer Medicaid clients were treated in hospitals for heart attacks and 49 percent fewer for acute coronary heart disease diagnoses, usually caused by clogged arteries.

The state also passed laws during this time aimed at reducing exposure to second-hand smoke, the researchers noted.

Most states do not pay for stop-smoking treatments in their insurance plans for the poor, Land's team said. About 45 percent have partial coverage, but only 12 percent offer comprehensive coverage.

"Without better evidence of health improvements or cost containment, it is difficult for policy makers to mandate benefits that will incur significant expenses," the researchers wrote.

State and federal health officials are looking for ways to cut healthcare costs in the United States, where people pay more per capita for healthcare than in any other similar developed country.

A second study in the same journal found that children exposed to second-hand smoke were twice as likely to get serious infections called invasive meningococcal disease than children not exposed.

Chien-Chang Lee of the Harvard School of Public Health in Boston reviewed other studies to find a clear dose relationship -- the more tobacco smoke children breathed in, the more likely they were to develop a serious infection.

Children who breathed in smoke were also more likely to carry other bacteria such as *Streptococcus pneumoniae*, they found.

(Editing by [Vicki Allen](#))



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